



State of the State: An Update on Illinois' Opioid Statistics

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IDPH OVERVIEW

- **VISION**

- **Communities of Illinois will achieve and maintain optimal health and safety.**

- **MISSION**

- **Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.**

IDPH OVERVIEW

- **ORGANIZED 1877, ONE OF STATE'S OLDEST AGENCIES**
- **HEADQUARTERS IN SPRINGFIELD AND CHICAGO**
 - 7 regional offices
 - 3 laboratories
 - 1,100 employees
- **OVER 200 PROGRAMS, AFFECTING HEALTH & WELLBEING OF EVERY ILLINOIS RESIDENT & VISITOR**
 - Childhood immunization
 - Food, water and drug testing
 - Hospital and nursing home licensure
 - Infectious and chronic disease control
 - Vital records
 - Health statistics collection and evaluation
 - Newborn screenings
 - Women's health promotion
 - Emergency Preparedness
 - Workforce development

Overdose deaths: United States (CDC Vital Statistics)

- Provisional data from CDC Drug overdose deaths show there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020.

Data source: CDC National Center for Health Statistics, Vital Statistics Rapid Release - Provisional Drug Overdose Data, 2022

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

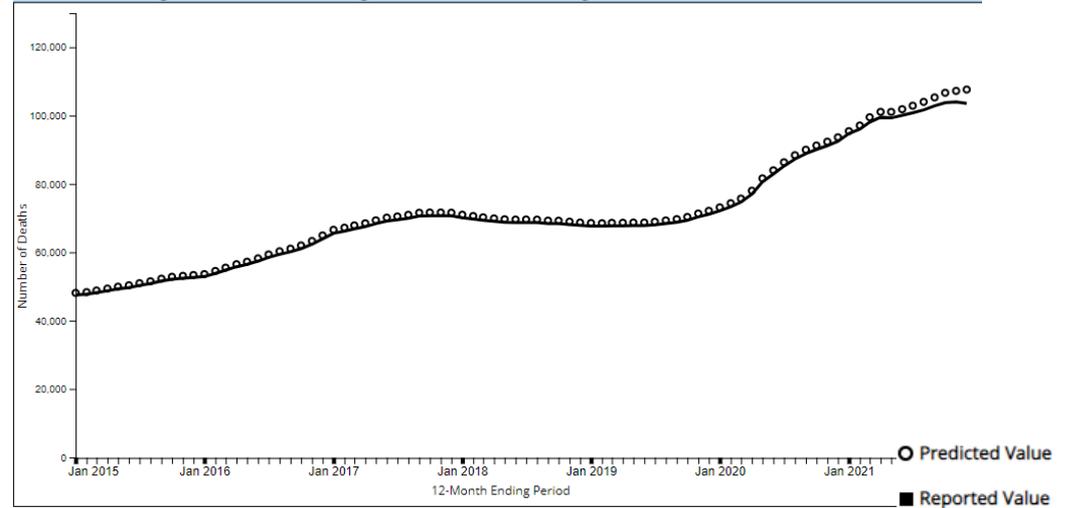
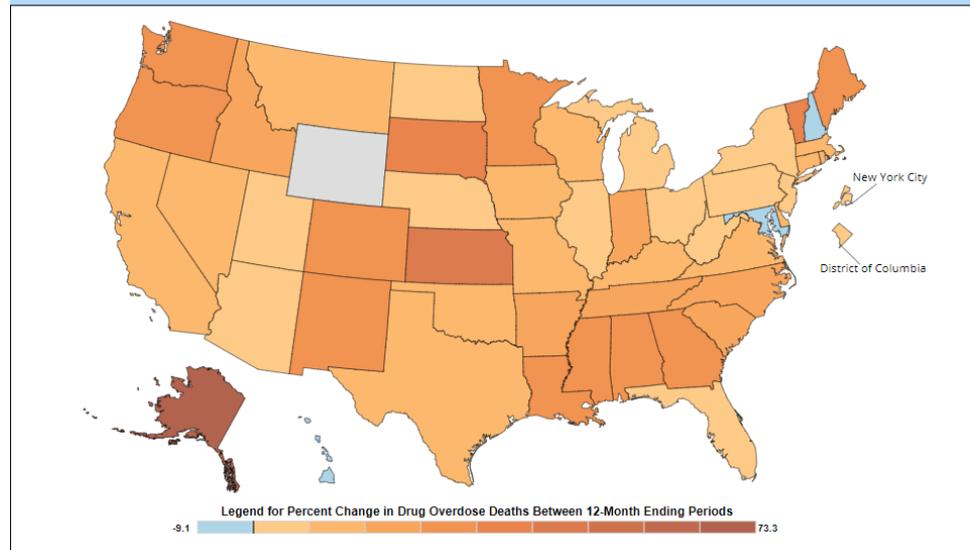


Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2020 to December 2021



Statewide Monthly Opioid Overdose Fatalities

- In 2021 compared to 2020: Opioid overdose deaths increased 2.3%
- Opioid overdose deaths started increasing in May 2019 and peaked in May 2020
- Fatalities have remained elevated throughout 2021
- Regarding all opioid overdose fatalities
 - 83% of all drug overdoses
 - 2.2x homicides
 - 2.3x car crashes

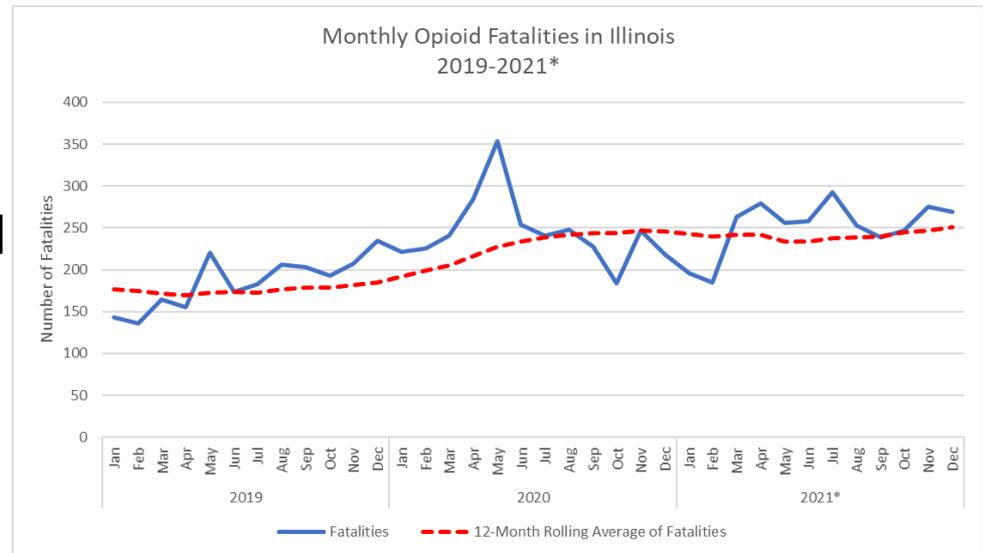
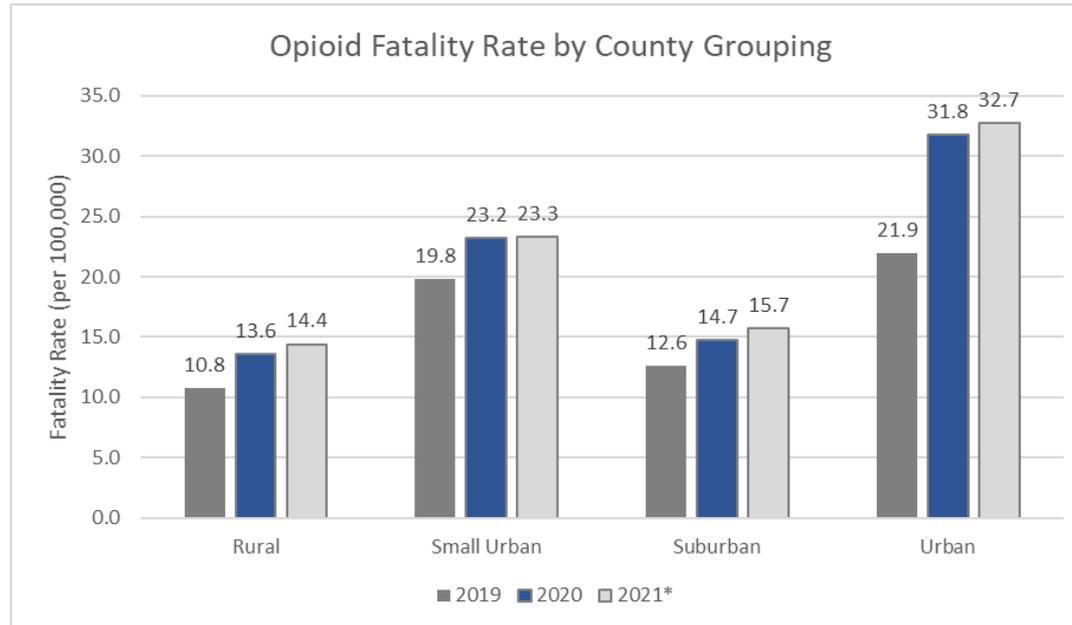


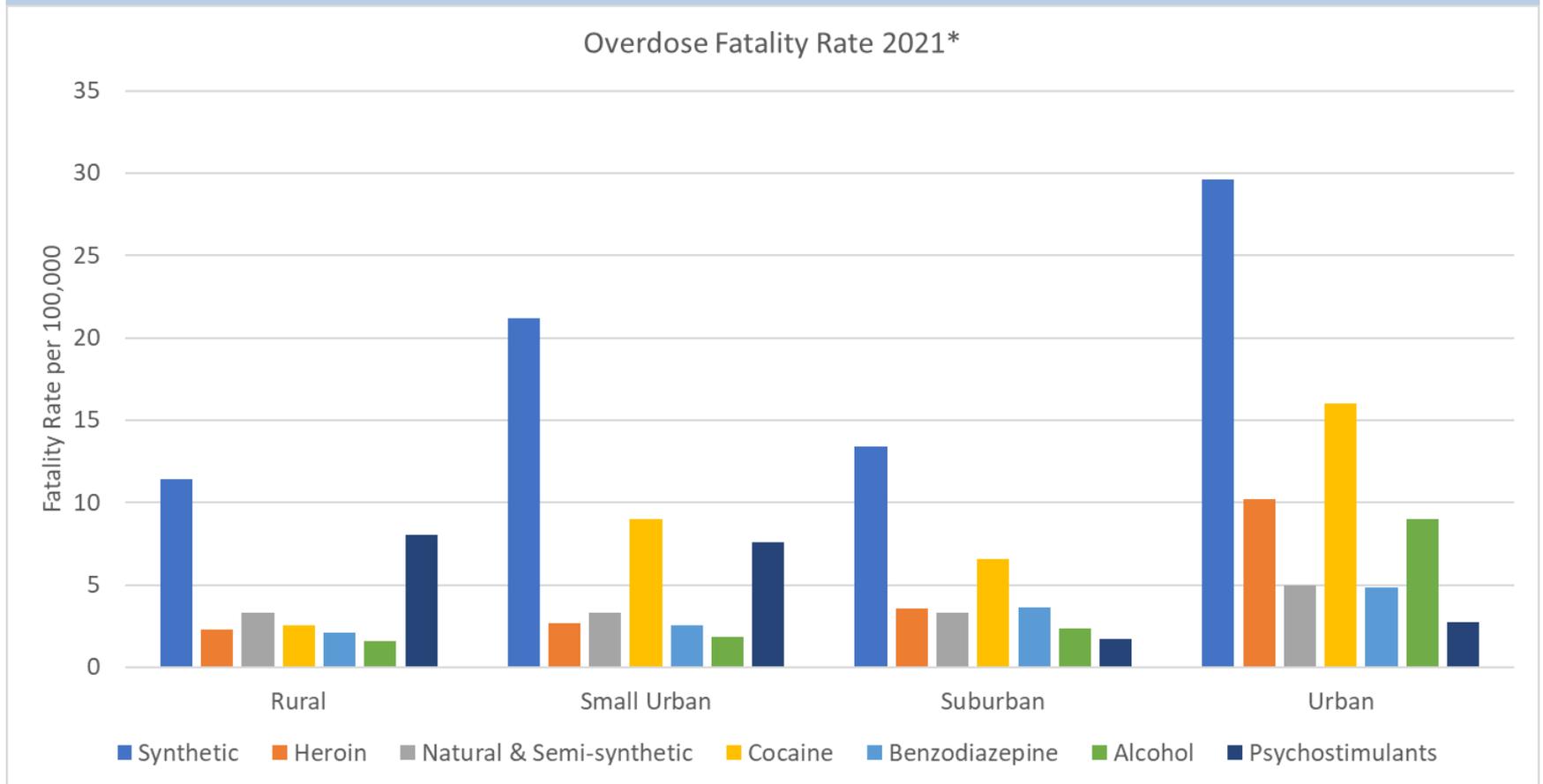
Figure 1. Monthly opioid overdose deaths for 2019 and 2021. Source: Illinois Vital Records System

Statewide Opioid Fatality Rate by County Grouping



- The fatality rate for 2021 has increased across all groups when compared to 2019 and 2020
- Increases from 2019-2021:
 - The urban county group had the largest increase at 49%
 - Rural increased 33%
 - Suburban increased 25%
 - Small Urban increased 18%

Statewide Overdose Fatality Rate by County Grouping and Substance Type

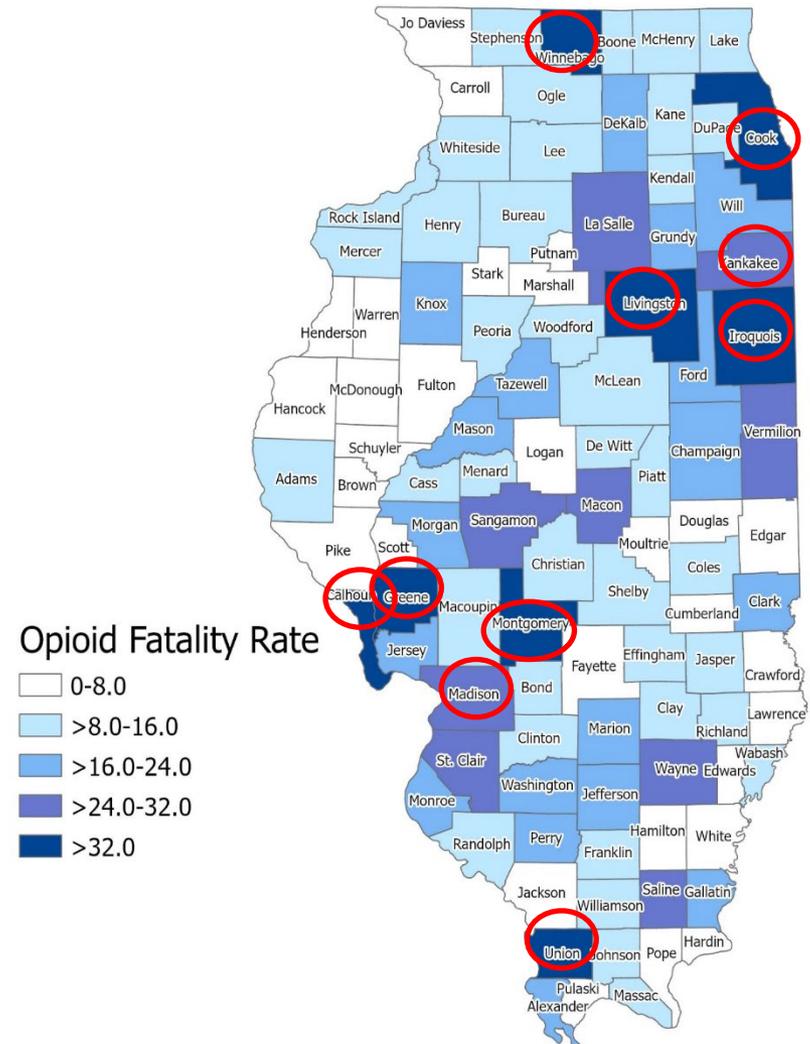


- Synthetic opioids, specifically fentanyl, are the main cause of fatal drug overdoses statewide
 - Synthetics are involved in 89% of opioid fatalities and 72% of all drug fatalities

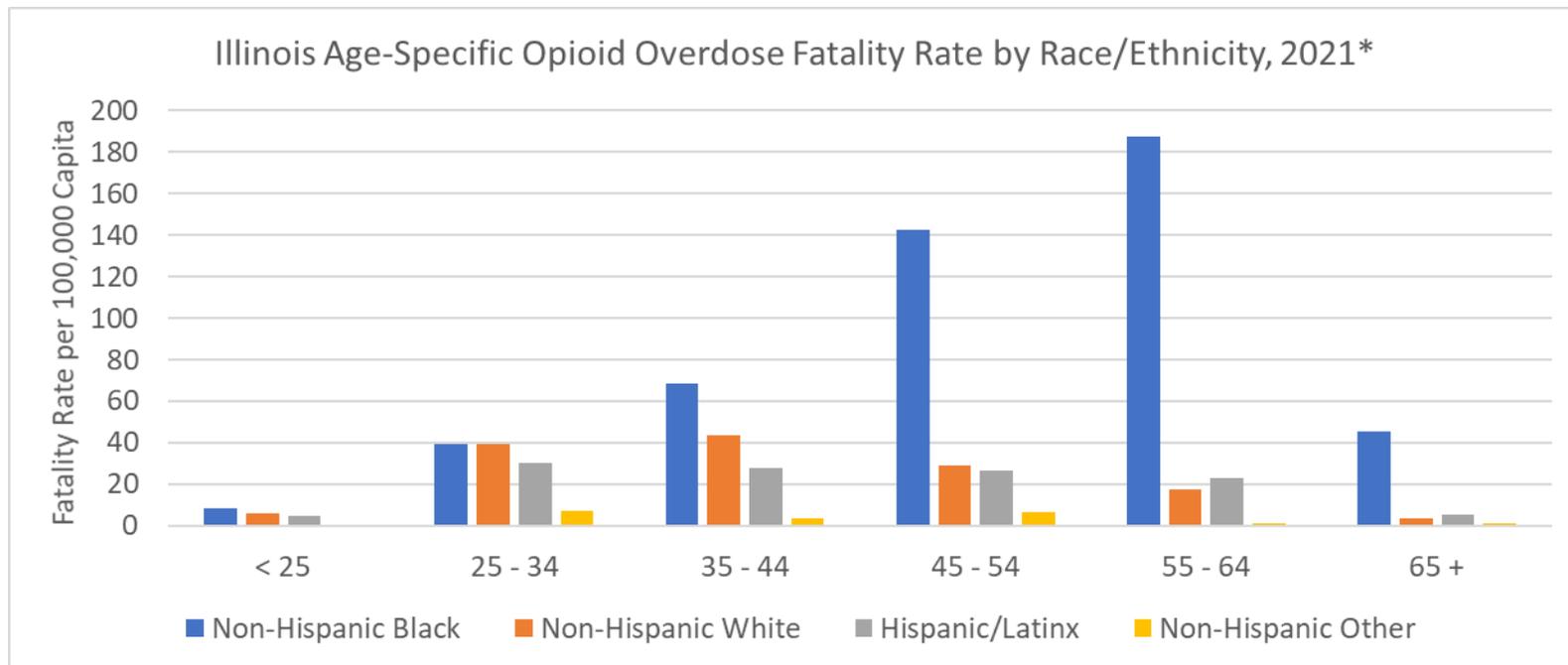
2021 Illinois Opioid Fatality Rate per 100,000 Capita

IL counties with highest opioid fatality rate

County	Opioid Fatality Rate per 100,000 Capita
Winnebago	43.4
Calhoun	43.3
Greene	39.4
Livingston	36.7
Union	36.4
Iroquois	33.7
Cook	32.7
Montgomery	32.1
Kankakee	31.3
Madison	29.3



Statewide Opioid Fatality Rate by Age and Race/Ethnicity



- The rate of opioid overdose fatalities disproportionately occurred in the non-Hispanic Black population above the age of 35.
- The highest fatality rate in each age group occurred in the non-Hispanic Black population



STATE OVERDOSE ACTION PLAN (SOAP)

Addressing the overdose epidemic: 2021 SOAP

- It's more than an opioid epidemic: it's an **overdose** epidemic
- We face an ever-evolving overdose crisis shaped by the shifting use of different substances and polysubstance use.
- We need to widen our scope beyond “opioids only”.
- We must address the social inequities that underlie the racial disparities

SOAP Priority recommendation categories

Social Equity

Prevention

Treatment and
Recovery

Harm Reduction

Justice-Involved
Populations and
Public Safety

SOAP GOAL: REDUCE THE NUMBER OF OVERDOSE DEATHS IN ILLINOIS

SOAP Implementation:

- Each priority includes a set of metrics that will be used to document our progress in achieving recommended initiatives.
- Metrics will be reviewed twice a year. Work-to-date will be summarized in semi-annual implementation reports that will include overdose fatality data, allowing us to examine the impact of SOAP initiatives on reducing overdose deaths.

SOCIAL EQUITY

- Social equity is both a SOAP recommendation category and the lens through which we implement initiatives and assess our progress.
 - Priority 1: Address structural racism through community engagement activities and other meaningful representation of people with lived experience (PLE), including people who use drugs (PWUD) and people from racially and geographically diverse communities on the root causes of treatment inequities and by increased representation in State workforces and systems change.
 - Priority 2: Promote equitable organizational practices by hiring and paying a living wage to PWUD, people in recovery, and people who have criminal justice records.
 - Priority 3: Review client demographic data to help identify and address disparities in access to and receipt of medication-assisted recovery (MAR), harm reduction, and recovery support services.
 - Priority 4: Support communities in establishing and growing systems for supporting all families impacted by OUD

PREVENTION

- Priority 5: Reduce diversion of controlled substances prescribing.
- Priority 6: Address high-risk prescribing and dispensing through peer-to-peer academic detailing.
- Priority 7: Continue to conduct and coordinate anti-stigma prevention campaigns.
- Priority 8: Increase the impact of prevention programming in schools, communities, and other settings where comprehensive evidence-based practices, programs and strategies that reduce risk factors and promote protective factors can reach all Illinois young people.
 - and connect them to relevant services.

TREATMENT AND RECOVERY

- Priority 9: Increase access to MAR.
- Priority 10: Increase initiation to buprenorphine in emergency departments for people who present with opioid overdoses and/or in acute withdrawal.
- Priority 11: Increase the number of DATA-waivered prescribers.
- Priority 12: Increase access to MAR for PPW with OUD/SUD.
- Priority 13: Establish alternative financing structures for MAR reimbursement.
- Priority 14: Evaluate telehealth policies on services related to OUD/SUD established during the COVID-19 public health emergency.
- Priority 15: Ensure insurance coverage for MAR and recovery support telehealth services.

HARM REDUCTION

- Priority 16: Continue to share information, listen to and support communities that are experiencing high rates of overdoses in their exploration of Overdose Prevention Sites (OPS)
- Priority 17: Improve equitable access to harm reduction and syringe service programs to decrease overdoses, transmission of infectious diseases, and bacterial and fungal infections.
- Priority 18: Increase public access to naloxone.
- Priority 19: Provide education on naloxone insurance coverage.
- Priority 20: Implement system-level policies and interventions to reduce rates of maternal morbidity and mortality among PPW with OUD/SUD.
- Priority 21: Increase fentanyl testing.

JUSTICE-INVOLVED POPULATIONS AND PUBLIC SAFETY

- Priority 22: Address deflection/pre-arrest diversion program implementation barriers in order to increase capacity of these programs statewide.
- Priority 23: Ensure access to all forms of medication/MAR in correctional facilities.
- Priority 24: Ensure linkages to services, case management, timely access to treatment and other resources to support recovery are available to people leaving jails and prisons.
- Priority 25: Ensure that justice-involved people and their loved ones receive naloxone and naloxone training.

Resources

- [U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 - But Are Still Up 15% \(cdc.gov\)](#)
- [Statewide Semiannual Opioid Report May 2022 \(illinois.gov\)](#)
- [Opioid Data Dashboard \(illinois.gov\)](#)
- [State Overdose Action Plan 2022](#)
- [IDHS: IDHS/SUPR Drug Overdose Prevention Program \(state.il.us\)](#)

QUESTIONS AND DISCUSSION





THANK YOU

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[Opioids \(illinois.gov\)](https://illinois.gov)